ESHS Monthly Activities Report Standards and Guidelines

To ensure the integrity of data collection it must be accurate, timely, secure and useful. In order to assist school nurses in collecting data that is consistent across all ESHS programs funded by the MDPH is consistent in its quality, these standards and guidelines were developed by school nurse leaders from across the state.

In order to be accurate, data entry completed by school nurses across the state must be consistent, correct and complete. Decision-makers need to be assured of the quality of data collected in order to instill confidence among the users. School nurses, like all nursing professionals, have an ethical responsibility to report data as accurately as possible.

Therefore, it is essential that data entry and collection be standardized across school districts in order for these objectives to be met. For the ESHS Monthly Report and Status (Annual) Report are used for multiple functions; these include:

1. Legal documentation required to meet regulatory requirements

2. Communication among healthcare providers

3. Implementation of quality improvement projects

4. District and building utilization review

5. Research and education needs

6. Grant application data

7. Surveillance and determining trends of health issues

8. Legal document to support court proceedings

9. Reimbursement from third-party payers (i.e. Medicaid/ MassHealth)

10. Standardization of documentation to advance school nursing practice.

School nurses must document all student encounters according to the nursing assessment of the presenting complaint or concern of the student. This is contrary to how some nurses have previously documented the visits to the school nurse's office. For example, when a student complains to the school nurse of a "headache", the school nurse must make a nursing assessment prior to any intervention. If the assessment reveals that the headache is due to lack of adequate nutrition or hydration, this should be documented as a visit for nutritional need. If the assessment reveals the headache is due to anxiety related to concerns for family issues, this would be documented as a behavioral health visit. If the headache is related chronic migraines, this should be documented as a neurological concern. Of course, the resulting intervention, whether it is rest, hydration, nutritional snack, or medication administration, etc., should also be well-documented along with the outcome and evaluation of the intervention.

The intent of this document is to provide school districts that complete MDPH reports with standards and guidelines for consistent data entry. The report has been revised by the ESHS Evaluation Committee (a group of ESHS Nurse Leaders from across the state) in order to more closely capture school nursing activity on a monthly basis. In order to ensure the integrity of the new Monthly report (beginning with the 2013-2014 school year), consensus was built around data collection using common variables and language.

Overall, the changes reflect an increased use of International Coding System (ICD-10) terminology where applicable for ease of comparison to nursing interventions done in other healthcare settings. There is some reorganization of the components in the report as well as wording changes and elimination of a few items as that did not contribute to useful data analysis.

Thank you for your efforts to ensure accurate and complete data collection. Your work has major impacts on the health and safety of school children across the Commonwealth.

Standards and Guidelines for completion of the Monthly Activities Report (MAR)

1. Month in which these health encounters occurred: _____/____   District: _____   month   year   2. Person completing report (include Name and Position):_____

- Month/Year/ District (All ESHS funded programs including Partner Schools and Private Schools where applicable).

- School Nurse or other individual responsible for completing the MAR; please list position.

3. Department of Elementary and Secondary Education Return to Classroom Rate by   **School Nurse as utilized in District Analysis and Review Tool (DART):**

- Number of STUDENT encounters for nursing services this month: **Each** student visit to the health office or nursing assessment/intervention occurring outside health office (i.e. classroom, playground, cafeteria, etc.) counts as a **SINGLE** encounter, regardless of the number of procedures done or medications administered during that visit. Mandated screenings **DO NOT count** as visits. A student who is seen more than once during the school day for nursing services would be counted as a new encounter for every new visit.

  Example: If a student with Type 1 diabetes is seen at 10am for blood glucose testing, carbohydrate count and insulin administration, that is ONE encounter for nursing services.

If that same student falls at recess and suffers an injury requiring first aid, that is another encounter, i.e. one student, two encounters.

This number is used to calculate the return to class rate which is the number of students returning to class divided by the total number of encounters. It is an essential number used by Department of Elementary and Secondary Education (DESE) Return to Classroom (RTC) Rate by school nurses as utilized in DESE's District Analysis and Review Tool (DART). See http://www.doe.mass.edu/apa/dart/ for more information concerning this tool.

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4. Disposition of Students Utilizing Nursing Services (all encounter types):

Dispositions this month:

	Students Only
A. Dismissals from school	
i. Dismissed from school due to illness/non-injury	
ii. Dismissed from school due to injury	
B. Other disposition (e.g. stayed in health room, referred to Counselor's office, sent home to return later that day).	
C. Returned to class	

EVERY student encounter to access nursing services should result in ONE disposition only.

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5. Incident Reports Involving an Injury:

Injury Reports filed this month by the school nurse

Number this month

	I. Students	II. Staff
A. Unintentional		
B. Intentional		
C. Intent unknown		

(Do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed.)

- Incident reports involving an injury: do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed. Both student and staff injuries should be reported in this section. There are serious injuries resulting in the creation of a formal incident/injury report, which is maintained in the nurse's office, or submitted to the building principal for further administrative or insurance action. Select intentionality of the

injury when possible, if unsure, select unknown. Examples: injury on wet floor, fight resulting in injury, fingers jammed in fire door, injury on playground equipment.

6. Number of Diagnosed Concussions

	I. Students	II. Staff
A. Occurring during school-sponsored activities		
B. Occurring during out-of-school activities		

A. Occurring during school sponsored activities: include any occurring during the school day, i.e., sports, drama, music activities that may take place during the school day, in the evening, or on week-ends.

B. Occurring during out of school activities: include all youth activities and injuries resulting in a diagnosed concussion that take place outside of school-sponsored activities, i.e, accidents at home, motor vehicle accidents, etc.

7. Medication Management

A. Number of daily and PRN *prescriptions* kept on file:

Type of Medication	Number of Scheduled Prescriptions[1]	Number of PRN Prescriptions (Do not count Standing Orders/ Medical Directives from School Physician)
1. Analgesics		
2. Antibiotics		
3. Anticonvulsants		
4. Antihypertensives		
5. Antihistamines		
6. Asthma		
7. Epinephrine (non asthma related)		
8. Glucagon		
9. Insulin		
10. Psychotropic		
11. Other Prescriptions on file		
Total		

A. Number of scheduled and PRN **Prescriptions** kept on file. **Do not** include Standing Orders/Medical Directives from school physician. Scheduled medications are those that are ordered to be given on a scheduled basis (qd, bid, q4h, etc) including asthma medications scheduled to be given PRIOR to physical activity.

B. Number of **Doses** of medication administered or supervised by school nurses based upon usage by categories listed. **Do** include medications administered per Standing Orders/ Medical Directives from the school physician and all OTCs administered.

Please classify all OTCs by their indications for use (i.e. acetaminophen, ibuprofen as analgesics, Benadryl as an antihistamine).

1. **Nursing Assessments/Interventions/Procedures/Treatments**

These assessments/interventions/procedures/treatments, grouped by body systems in alphabetical order, often refer to activities provided for a pre-existing condition, or episodic care and often are an indicator of skilled nursing care. Note the total number of assessments, procedures, interventions or treatments completed and **not** the number of students who have these needs.

A. **Behavioral Health (includes mental, social, emotional health concerns)**

1. Behavioral Health Assessment: include all assessments in which a behavioral health issue is identified.

2. Anti-Bullying Interventions by District Protocol: include all interventions to prevent, reduce or eliminate incidents of bullying as defined by school district policy.

3. Coping Enhancement/ Reassurance Check-in / Self-Calming: interventions where anticipatory guidance, self-monitoring, and other interventions are used to assist the student manage stressors, changes or other concerns that interfere with meeting school and life demands. Include "touching base" with students who are dealing with stress, or other difficulties – either in the nurse's office or outside nurse's office; also include all inventions that promote a "relaxation response" such as patterned breathing, providing alternative activities or respite from stressful situations.

4. Restraint/Seclusion Assessment and/or Monitoring: include all interventions provided by school nurses when a student is restrained or secluded as defined by school district policy.

5. Stress/ Anxiety Reduction / De-escalation: include inventions that allow the student to discuss anxious or worrisome feelings especially when a situation cannot be altered such as verbalization, supportive listening, etc). Also include allowing a student a "time out" to recompose self or to discuss concerns. Include interventions that are provided to reduce angry or out-of-control behaviors.

6. Monitor for Self-Harm / Suicide Ideation: include monitoring for self-injury, substance abuse, suicidal ideation, etc.

7. Social Skills Support: include interventions by the school nurse that promotes self-advocacy, goal directed behaviors, socially appropriate and successful interactions, such as those often needed by students with ADHD or Autism Spectrum Disorder.

8. Relationship Guidance: include providing guidance to promote healthy social, peer, family, romantic, sexual relationships.

9. Substance Abuse Assessment: include any and all assessments, regardless of outcome, to determine if an individual is under the influence of a substance. Include alcohol, drugs, inhalants, tobacco or other unknown substances.

10. Grief counseling: include both individual and group interventions that assist in coping with grief and loss.

11. Other Behavioral Health Interventions: Please include all follow-up interventions after SBIRT and other behavioral health screenings.

B. **Cardiovascular**

1. Blood Pressure Measurement: self-explanatory.

2. IV Line Assessment: include assessments for integrity of any line, including pump, used to infuse fluids or medications.

3. Central Line Maintenance: include any treatment and management of central lines.

4. Apical Pulse Assessment: include apical pulse assessment only.

5. Cardiac Monitoring Device: (LOOP, Holter monitor use, etc): self-explanatory

C. **Emergency**

1. CPR: self-explanatory.

2. AED use: each time an AED is utilized for emergency care of an individual.

3. Medical 911/ Ambulance Call: include only calls made for emergent physical health issues.

4. Behavioral Health 911/ Ambulance Call: include only calls made for emergent behavioral/ mental health issues.

5. Mobile Crisis Unit Call: include calls to local mobile crisis unit for urgent behavioral health issues.

6. Other Referrals for Emergency Health Services: include calls made to parents or other responsible adult for referral for emergent health issues (via personal motor vehicle not ambulance service).

D. Endocrine

1. Blood Glucose Testing (Glucometer/ Continuous Glucose Monitoring Device): self-explanatory.

2. Diabetes Equipment Maintenance: include assessment of device and management (include change) of insulin pump , continuous glucose monitoring devices, etc .

3. Carbohydrate/Insulin Calculation: self-explanatory.

4. Check Ketones: self-explanatory.

5. Diabetes Management Skills/Education: include any interventions spent on assisting and teaching individual self care of diabetes management.

6. Diabetes Nutritional Assessment/ Intervention: include hunger management assessment and provision of snack or other nutritional supplement; this includes snacks/beverages for the management of diabetes.

7. Nutrition Education: include any teaching or discussions related to nutrition and healthy eating.

E. GI/ GU (Gastro-intestinal and Genitourinary)

1. Naso-gastric, Gastrostomy, or Other Feeding Tube Care or Usage: includes interventions for assessment, feeding and maintenance of tubes, include mixing medications for administration via tube.

2. Ostomy Care (Colostomy/Ileostomy/Urostomy): includes interventions for assessment, care and maintenance of ostomies.

3. Catheterization or Catheter Care: includes interventions for assessment, care and maintenance of catheters, include any assistance that may be needed.

4. Toileting Protocol: includes any toileting assist or interventions to promote either urinary and/ or fecal continence, encopresis, include development of protocols and implementation.

5. Weight measurement for medical condition not related to screening

F. Musculokeletal

1. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction: include adjustment of crutches or braces or other assistive devices

2. Physical Therapy (Range of Motion Exercises, etc.)

3. Musculoskeletal Assessment: include assessment for factures, sprains, range of motion post-injury, cast application, etc.

G. Neurological

1. Neurological Assessment Acute: an assessment following acute head injury, seizure activity etc. when an individual presents with an immediate (possible life-threatening condition).
2. Neurological Assessment Chronic: follow-up assessment for an ongoing physical condition that requires continued monitoring and/or management to control symptoms e.g., post-concussion, migraine, seizures, ImPACT® etc.

H. Referrals: indicates an actual appointment or visit that has been set up by the school nurse, parent, or student over 18 years, with the selected provider or agency (dentist, nurse practitioner, primary care physician of record, new primary care or mental health care provider, outside of the school) for a specific condition as a result of an encounter. Note: it does not include 'follow-up with your physician if you don't feel better."

1. PCP: primary care provider.

2. Dental: self-explanatory.

3. Behavioral Health: out-of-school provider.

4. Other Healthcare Providers: specialists, etc.

5. Referred For Health Insurance Coverage: self-explanatory.

I. Reproductive

1. Reproductive Health Interventions: include counseling, support, education and other interventions related to reproductive health, condom distribution, breast-feeding, etc.

2. Referred for Follow-Up for Reproductive Concerns: self-explanatory.

3. Number of Females Who Gave Birth: include both students and staff.

J. Respiratory

1. Peak Flow Monitoring:

2. Nebulizer Treatment:

3. Pulse Oximetry:

4. Oxygen Administration:

5. Suctioning:

6. Tracheostomy (Care, Cleaning, Tube Replacement):

7. Auscultate Lungs:

8. Chest PT: include vibrating vest utilization.

9. Inhaler Technique Instruction / Demonstration: any teaching asthma management

10. ENT Assessment: include use of otoscope to visualize ears.

K. Other

1. Major Wound Care: include major wound cleansing and care, not "skinned knee" and application of band-aids. Examples: delayed wound healing in which the wound is being packed, ulcer care, major injury requiring cleansing and application of butterfly strips or bulky dressing to prevent further bleeding for a severe injury.

2. Head Checks for Pediculosis: count every individual screened this month.

3. Administer Immunizations: refers to any immunizations or vaccinations administered to individuals (Hep, flu, Tdap, etc.).

4. Eye Assessment and Care: include foreign body removal, assessment of conjunctivitis.

5. Skin Integrity Assessment: assessment of skin abrasion, rashes, burns, etc. include suture care and removal.

6. Nutritional assessment/Intervention: include hunger management : number of times student provided with nourishment to satiate hunger due to lack of access, for whatever reason (not related to management of diabetes)

7. Oral Health Assessment: include interventions related to loose teeth, braces, etc.

9. Nursing Case Management: Number of nursing communications regarding student health issues this month by length of time, either less than 15 minutes or greater than 15 minutes.

1. Parent/guardian: one-on-one communication between the school nurse and parent/guardian (with or without student present) concerning any individual student health issues whether by phone call or letter or in person.). Do not count general communications (sent to all parents) or home visits. This should include time spent on the health assessment and developmental history for special education evaluation.

2. School staff: one-on-one communication between the school nurse and the school staff member (includes administrator, school counselor, guidance, therapists, etc., regarding any individual student health issues.

3. Community agencies: one-on-one communication between the school nurse with community agencies or health care providers concerning any individual student health issues (coordinators of after-school programs, school physician or primary care providers, local health department, therapists, DCF, etc.

4. Group meetings: involves two or more of the above participants; would include a meeting or conference call involving two or more of the following: parents/guardians/ school staff/ school physician/ primary care provider/ therapist.

Number of home visits to students' homes by school nursing staff: self-explanatory.

10. Educational forums/group activities participated in by School nurses: the number of meetings, group activities, and educational forums attended by the school nurse this month or presentations provided. Include whether participation involved attendance only or facilitating of event.

- Alcohol or Substance Abuse

- Anger/Conflict/Violence Management

- Asthma

- Blood Borne Pathogens

- CPR/AED Programs

- Crisis Management

- Diabetes

- Educator Evaluation

- Emergency Preparedness

- Emotional / Psychosocial Support

- Environmental Health

- Food Allergy

- Gay/Bisexual/Lesbian/Transgender

- Growth/Development

- Health Careers

- Life Threatening Allergies

- Mental Health/Wellness

- Nutrition

- Oral Health/Hygiene

- Peer Leadership

- Physical Activity

- Policy Development

- Professional Development

- Tobacco Cessation / Prevention

- Wellness Committee Activities

- Other:_____

11. Comments about Public Health Problems: please provide information about illness outbreaks that occurred this month, unusual screenings that had to be conducted this month, or other significant public health occurrences: